

**Montana Medicaid - Fee Schedule**  
**Nutrition**  
**July 1, 2006**

**Definitions:**

**Modifier** – When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination.

For example:

26 = professional component

TC = technical component

**Description** – Procedure code description. You must refer to the appropriate official CPT-4 or HCPCS coding manual for complete definitions in order to assure correct coding.

**Effective** – This is the first date of service for which the listed fee is applicable.

**Method** – Source of fee determination

**Fee Sched:** Medicaid fee for listed code

**Medicare:** Medicare-prevailing fee for listed code.

**By Report (BR):** Equals a percentage of billed charges; percentage depends on provider type and service/supply

**PA** – Prior Authorization

**Y:** Prior authorization is required

**Space:** Prior authorization is not required

**Unit of Service** - The increments of time the service is billed in. Per visit has no time increments allowed and is billed as 1 unit.

**Max Allowed** - The maximum number of units that can be billed per day

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Proc	Modifier	Description	Effective	Method	Fee	PA	Units of Service	Max Allowed/Claim
G0108		DIAB MANAGE TRN PER INDIV	7/1/2003	FEE SCHED	\$19.72		30 min	4
G0109		DIAB MANAGE TRN IND/GROUP	7/1/2003	FEE SCHED	\$11.59		30 min	9
G0270		MNT SUBS TX FOR CHANGE DX	1/1/2003	FEE SCHED	\$13.37		15 min	8
G0271		GROUP MNT 2 OR MORE 30 MINS	1/1/2003	FEE SCHED	\$5.26		30 min	8
97802		MEDICAL NUTRITION INDIV IN	7/1/2006	FEE SCHED	\$13.32		15 min	8
97803		MED NUTRITION INDIV SUBSEQ	7/1/2006	FEE SCHED	\$13.32		15 min	8
97804		MEDICAL NUTRITION GROUP	7/1/2006	FEE SCHED	\$5.28		30 min	8